



TOWN OF EPPING, NH

Application For Employment

AN EQUAL OPPORTUNITY EMPLOYER

It is the Town's policy to recruit, employ, transfer, retain, promote, layoff, terminate, compensate and otherwise treat any and all employees and job applicants on the basis of merit, qualifications, and competence. This policy shall be applied without regard to any individual's race, color, gender, age, religion, national origin, physical or mental disability, marital status, pregnancy, sexual orientation, political affiliation, veteran status or other legally protected status.

PERSONAL INFORMATION

DATE _____

NAME: (LAST, FIRST, MIDDLE)		Are you a US citizen or legally authorized to work in this country?	
		YES _____ NO _____	
PRESENT OR MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
PERMANENT ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER: ()	EMAIL ADDRESS:		REFERRED BY:

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
HAVE YOU EVER APPLIED WITH THE TOWN OF EPPING BEFORE?	WHERE?	WHEN?

EDUCATION HISTORY

LEVEL OF EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATE?	STUDIES OR MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR OTHER SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR SPECIAL TRAINING OR SKILLS, INCLUDING LICENSES AND CERTIFICATIONS:					
US MILITARY EXPERIENCE (YEARS & BRANCH OF SERVICE)		RANK/RATE ATTAINED:		HONORABLE DISCHARGE?	
DRIVER'S LICENSE NUMBER:	STATE:	TYPE:	EXPIRATION DATE:	RESTRICTIONS:	VALID?
					YES NO

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APPLICANT NAME (LAST, FIRST, MIDDLE)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT/PRESENT EMPLOYER).

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	LAST SALARY	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES: (PROVIDE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	TELEPHONE #	YEARS KNOWN

CERTIFICATION OF STATEMENTS MADE AND AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the statements on this application are true and complete to the best of my knowledge and I understand that, omissions or misrepresentations may result in the rejection of this application or my discharge.

I authorize investigation of all statements I have made herein. I further authorize the people I have listed as references and employers on this application to an authorized representative of the Town of Epping any and all information concerning my previous employment and any pertinent information they may have about me, personal or otherwise, including the release of my personnel jacket information. I hereby release said employers and references from all liability for any damage that may result from utilization of such information.

Further, I understand that, if hired, to the extent permitted by law, my employment is at will, meaning that it is for no definite period and, regardless of the date of my payment of my wages, may be terminated at any time without any previous notice and for any reason. This application will only be valid for 30 days; thereafter, I understand I will have to complete a new one.

SIGNATURE _____

DATE _____